Sources of and Access to Health Insurance Information to Determine the Cost of Injuries

How safe is your community? To develop the most effective safety programs you must understand the medical and financial outcomes associated with the injuries that occur in your community.

One source of medical injury and cost information is health or automobile insurance claims data. Insurance claims describe claimants who receive health care, as an outpatient or inpatient, for injury caused by a motor vehicle crash. Most statewide health care data include only Emergency Medical Services (EMS) transported or hospitalized patients. But insurance company data also provide access to information about patients who are treated in the emergency department or physician's office and then discharged. Some of these patients suffer delayed symptoms and thus may not appear on police crash reports, EMS, or hospital records. A Crash Outcome Data Evaluation Study (CODES) of 1992 motor vehicle crashes in New York State found approximately 75,000 injured occupants who were either identified as uninjured on the police crash report, or there was no report for their crash. This group contributed a total medical cost of $187 million.

Overview of the Health Insurance Industry

The health insurance industry consists of a complex mix of private and public insurers that provide payment for medical care of the sick or injured. Your first task is to identify in your state which insurance companies are the primary payer (responsible insurer) for injuries resulting from motor vehicle crashes.

Potential primary payers are:

Workman's compensation, if injuries occur during work activity

Automobile insurance (No-Fault), if required or available in your state

Private health insurance, including Health Maintenance Organizations (HMO's)

Medicaid, if qualified

Medicare, if qualified

Private payers

A good place to obtain information about the primary payers is in your state's Office of Insurance. Every state regulates insurance company practices and the minimum level of coverage allowed. Furthermore, this office usually maintains records of the annual number of claims or policies that a particular insurer processes in your state. With this information, you can identify the carriers with the largest market share in your community.

Scope of Insurance Data

Insurance companies may be public or private. Public insurance companies, such as Medicare or Medicaid, insure everyone statewide who qualifies. Private insurance companies insure their policy holders, but this may not include everyone statewide.

Types of Payments for Health Care

It is important to understand how insurers pay for care in order to evaluate total charges and payments for health care. Insurers employ several methods to control the amount and the way in which they pay for health care. One method is to make payments to policy holders based on a predetermined fee schedule for various treatments and injury types. Another method is to enter into contracts with specific health care providers to provide care for a prearranged fee to all of the insured patients. This type of arrangement is often referred to as managed care or HMO. Thus the payments represent the price charged to the insurance company and not necessarily the cost of delivering the health care provided.

Hierarchy of Payers

Insurance policies contain very specific criteria in which coverage will or will not be provided to the insured. For example, many insurers will not provide any payments for the care provided to someone who is injured while committing a felony or driving while impaired. When multiple insurers are responsible, an order of responsibility is determined. When the primary insurer exhausts his or her benefits, then secondary insurers pay any balances until benefits are exhausted. Thus, to understand the total cost of care, it is important to identify all of the payers. A review of the laws and rules of insurance coverage in your, state will guide your research.

What Kind of Data Can Health Insurers Provide?

Health insurers generally maintain a computer file containing detailed medical injury, diagnostic, treatment, care provider, billed charges, and payment information for each occurrence of an injury and all related medical care

associated with a motor vehicle crash.

A typical computerized health insurance record may contain:

- Claim, medical record, or insurance policy number
- Insured name and address
- Claimant’s name and address
- Claimant’s Social Security number
- Date and time of crash
- Date of birth
- Injury description (diagnosis)
- njury cause, description of crash
- Alcohol involvement
- Location of crash
- Number of occupants in crash
- Vehicle Identification Number (VIN) or driver’s license number
- Doctor or medical facility treating the patient
- Amounts paid for health care

What Questions Can You Answer With These Data Elements?

These data, if available statewide, will allow you to generate outcome reports for the injured crash population, including those not admitted as an inpatient or transported by EMS. The insurance data can be linked to the police crash, EMS, and hospital data. Links will provide additional value by allowing you to produce detailed reports that utilize environmental factors from the police crash data, injury severity from the EMS and hospital data, and cost information from the insurance data.

Description of the Major Sources of Insurance Information

Workman’s Compensation
Individuals who are injured while performing their jobs are covered by an employer-provided Workman’s compensation insurance policy. Injuries sustained

while driving a company vehicle on the job are also covered. In these cases, Workman's Compensation is the primary provider of payments. Generally, injury claims data are computerized and maintained on a statewide basis by either a government agency or a private insurance company that provides this service. Again, information from your state's Office of Insurance department will help you identify these sources and assist you in accessing this information.

Automobile Insurance (No-Fault)
No-Fault, also called Personal Injury Protection (PIP), is designed to pay without regard to whomever is at fault or whether or not there was any negligence. Payment is made for actual medical expenses, lost earnings, and other reasonable and necessary expenses related to injuries sustained to a driver or passenger in the car or to pedestrians injured by the car because of its use or operation.

Thirteen states have mandatory No-Fault automobile insurance laws that provide for medical payments for injuries incurred in a motor vehicle crash. An additional twelve states have optional personal injury protection insurance for injured occupants. In a No-Fault state, barring a work-related automobile crash, the automobile insurer is the primary payer of medical expenses resulting from a crash, and private health insurance companies customarily have rules denying payment for these injuries. Medicaid usually becomes the secondary payer for uncovered expenses.

No-Fault insurance companies are private companies that maintain an insured's policy, cost, and limited injury information. Generally, this information is considered proprietary in nature and is difficult to obtain from any insurance company. Some states have been successful in obtaining claim information for use in traffic safety research and injury prevention programs.

Private Health Insurance and HMO's
Private health insurance companies and HMO's are the primary providers of medical payments for injured people who have a private health insurance policy and who do not meet the No-Fault or Workman's Compensation criteria discussed earlier. The injury claim and payment information contained in their records is considered proprietary and confidential and is difficult to obtain. Nevertheless, insurance companies and HMO's benefit greatly from community-based injury prevention programs. Therefore, developing partnerships with insurers will give you an opportunity to assist them in developing and targeting injury prevention programs in your community.

Public Health Care Payers
Medicaid is a government program that pays for the medical care of individuals meeting specific economic eligibility requirements and who are not covered by a private health insurance policy. Medicare is a government program that pays for the medical care of the elderly or disabled. Again, in a No-Fault state, Medicaid and Medicare are the payers of last resort. Detailed medical and payment information for Medicaid and Medicare claimants is maintained by county and state governments. Access to this information is strictly controlled by federal and state law. There are, however, opportunities to obtain research information from the state government that may be useful for evaluating injury trends in your community.

Potential Obstacles to Accessing Insurance Data Sources

You may encounter numerous obstacles when you attempt to access insurance data for Safe Communities purposes. Medicaid and Medicare are protected from broad disclosure by federal statute. There are, however, provisions that may allow you to access the data. The first step is
to partner with a government agency that has authority to access the data. Next, develop and implement comprehensive data use and reporting protocols to protect the confidentiality of the information.

Private and automobile No-Fault insurance data are generally maintained to protect the proprietary activities of the company, but not the information related to the patient, physician, hospital, or others involved.

The major concern related to confidentiality is not whether legitimate agencies, researchers, or policy makers will be able to access the facts or details about an incident; rather, it is the need to prevent the unnecessary, inadvertent, or intentional publication or disclosure of personal information.

It must be noted that the personal information that you obtain will be subject to privacy and disclosure limitations. Therefore, you should consider adopting your own internal policies to maintain confidentiality and security of all personally identifiable health information. Included in the Appendix is a sample protocol for access to personal health related information that can get you started.

Furthermore, the American Society for Testing and Materials (ASTM*) has developed a standard ***Guide for Confidentiality, Privacy, Access and Data Security Principles for Health Information*** including computer-based patient records. It is an excellent resource that will guide you through this development process. ASTM's mail and Web site addresses are provided in the Appendix.

Benefits to Insurance Companies of Working With Safe Communities

Participation by insurance companies in Safe Communities programs can be mutually beneficial to all participants. The most obvious is that an insurer is able to utilize the expertise and resources of the Safe Community partners to disseminate injury prevention information. The end result is a safer environment and less cost to insurers and to society in general.

The use of insurance data will assist you in planning, implementing, and evaluating the costs and benefits of various policy and injury prevention programs in your community.

Appendix

Automobile (No-Fault) Insurance Laws by State

Mandatory States

Colorado
District of Columbia
Florida
Hawaii
Kansas
Kentucky
Massachusetts
Michigan
Minnesota
New Jersey
New York
North Dakota
Utah

Optional Add-On Coverage
Arkansas
Delaware
Maryland
Nevada
New Hampshire
Oregon
South Carolina
South Dakota
Texas
Virginia
Washington
Wisconsin

Footnotes

- American Society for Testing and Materials
  ASTM Customer Service
  100 Barr Harbor Drive
  West Conshohocken, PA 19428-2959
  Phone: (610) 832-9585
  Web site: http://www.astm.org

Sample Protocol for Access to Personal Health-Related Information

Purpose: To set forth methods and procedures to restrict dissemination and maintain control of confidential personal health-related information.

Definition: Personal health-related information means any information concerning the health or well-being of a person which identifies or could reasonably be used to identify a person.

1. All data will be held confidential and stored in a secure environment with access limited to authorized staff on a need-to-know basis.

2. The data will be used only for research and statistical purposes. No data will be published or released in any form where a particular individual or establishment therein described is directly or indirectly identifiable. Furthermore, the identifiable information will not be used as a basis for legal, administrative, or other actions which may affect those particular individuals or establishments as a result of their specific identification.

3. Data reports will not be released outside your organization except in aggregations of cells of six or more observations.

4. No data will be released to anyone or any institution without the prior written approval of the data owners.

5. That I will ensure that all staff, contractors, and consultants are aware of the confidentiality security requirements and restricted use of the data.

6. All staff will affirm their knowledge of and compliance with this protocol by signing a notarized statement.

7. All original copies, computer file abstracts, and reproductions will be disposed of in a confidential manner within one year of the data of original release.

8. Any publication or report produced using the data will acknowledge the source of the data.

About the Author

Richard Guerin has been involved in both the career and volunteer sectors of emergency medical, rescue, and fire services for the past 20 years. Since 1987, he has coordinated EMS system development, education, and information systems for the New York State Department of Health. Additionally, he is the Director for New York State's Crash Outcome Data Evaluation Study (CODES) research project.